

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10/009915**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
4	1				
5	1				
6	1				
7	1				
8	1				
9	1				
10	1				
11	1				
12	1				
13	1				
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46					
47					
48					
49					
50					
TOTAL IND.	5				
TOTAL DEP.	0				
TOTAL CLAIMS	14				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS